

Permit No.: _____

Newton Fire Department
1164 Centre Street
Newton Center, MA 02459
Fire Prevention/Code Enforcement Division
(617) 796-2230 FAX (617) 796-2239

APPLICATION FOR PERMIT

To: **HEAD OF NEWTON FIRE DEPARTMENT**

Date: _____

Name: _____

Lic. # _____

Address: _____

Telephone: _____

Email: _____

Permit Type: _____

Building Permit #: _____

(if applicable)

Requests Permission To:

Job Location: _____

Expiration Date: _____

Fee Paid: _____

Signature of Applicant